

Case Number:	CM14-0207325		
Date Assigned:	12/19/2014	Date of Injury:	03/25/2002
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 42 year old male with an injury date on 03/25/2002. Based on the 09/17/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post artificial disc replacement L4-5 and L5-S1 2. Right greater than left lower extremity radicular pain 3. Sacrococcygeal pain decreased following caudal epidural steroid injection. According to this report, the patient "continues to be symptomatic with back pain." Physical examination was not included in report for review. Treatment plan is to "Hold prescription of Naprosyn, Neurontin, Flexeril, and Ambien due to bowel and bladder difficulties;" refill OxyContin 90 and Oxycodone; follow up with primary care physician; and follow up in this office in one month. The patient's work status is "temporarily totally disabled." There were no other significant findings noted on this report. The utilization review denied the request for Detox program 3 days in the hospital setting and aftercare facility 4 days based on the MTUS guidelines. The requesting physician provided treatment reports from 05/29/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Detox Program 3 days in the hospital setting: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: According to the 09/17/2014 report, this patient "continues to be symptomatic with back pain." The current request is for Detox program 3 days in the hospital setting but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 09/17/2014 and the utilization review letter in question is from 11/12/2014. The Utilization Review denial letter states "this claimant does not have any acceptable indications for considering detoxification as outlined in the guidelines with chronic opioid therapy, functionality is well preserved, and there are no intolerable side effects and adequate pain response is present." The MTUS Guidelines page 42 recommends detoxification for intolerable side effects, lack of response, aberrant drug behaviors with dependence, refractory comorbid psychiatric illness or lack of functional improvement. ODG further states for length hospital stay, best practice target with no complication is 4 days. In reviewing the provided reports, the treating physician indicates that the patient is on "opiate medication" and "does get functional improvement with the medication since they take the edge off the pain and he is able to function and concentrate." In this case, the treating physician does not document that the patient presents with "intolerable side effects, lack of response, aberrant drug behaviors with dependence, refractory comorbid psychiatric illness or lack of functional improvement" as required by the MTUS guidelines. The current request is not medically necessary.

Aftercare Facility 4 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: According to the 09/17/2014 report, this patient "continues to be symptomatic with back pain." The current request is for Aftercare facility 4 days. The Utilization Review denial letter states "The request is not medically necessary as the detox program is not recommended as medically necessary." Regarding patient's aftercare, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the aftercare facility 4 days for detoxification program is not recommended as the detox program is not medically necessary. Therefore, the current request is not medically necessary.